

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014645

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 25

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 3 1963

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hollister		Length of stay in 1b years	c. CITY OR TOWN Hollister Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Hollister (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) WILLIE T. BACK		4. DATE OF DEATH Month Mar. Day 25 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/7/1890
9. AGE (last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Army	
11. BIRTHPLACE (City and state or country) Jackson, Kentucky		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John W. Back		13b. MOTHER'S MAIDEN NAME Ellen Clemens	
14. NAME OF HUSBAND OR WIFE Gladys Back		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI	
16. SOCIAL SECURITY NO. _____		17. INFORMANT Address Mrs Gladys Back Hollister, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) possible physical exhaustion DUE TO (c) following Grand Mal Epilepsy		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		
21. I attended the deceased from 3-25-63 to 3-25-63 and last saw her/him alive on 3-25-63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles A. Spears MD (Degree or title)		22b. ADDRESS Branson, Mo	
22c. DATE SIGNED 4-1-63		22d. DATE SIGNED (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3/28/63	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
23d. LOCATION (City, town, or county) Springfield, Mo		23e. DATE RECD. BY LOCAL REG. 4-1-63	
24. FUNERAL DIRECTOR Walter Cobb ADDRESS Branson, Mo		25. REGISTRAR'S SIGNATURE Helene Campbell	

USE BLACK INK.
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Brannan, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.